

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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12	1					
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50						
TOTAL IND.	1	0	1	0	1	0
TOTAL DEP.	10	0	10	0	10	0
TOTAL CLAIMS	10	0	10	0	10	0

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	0	1	0
TOTAL DEP.			10	0	10	0
TOTAL CLAIMS			10	0	10	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS